



# Sarhad University

## of Science & IT, Peshawar

### APPLICATION FOR RECHECKING OF PAPER(S)

Name of Student: \_\_\_\_\_

Father Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Roll Number: \_\_\_\_\_

Program: \_\_\_\_\_ Semester : \_\_\_\_\_

Name of Approved Study Centre (if distant student): \_\_\_\_\_

Name of Examination: \_\_\_\_\_

Demand Draft or Pay Order Number: \_\_\_\_\_ Amount Submitted: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Contact Number: \_\_\_\_\_

#### *(Papers to be Rechecked)*

1. Paper 1: \_\_\_\_\_

Reason of Rechecking: \_\_\_\_\_

2. Paper 2: \_\_\_\_\_

Reason of Rechecking: \_\_\_\_\_

3. Paper 3: \_\_\_\_\_

Reason of Rechecking: \_\_\_\_\_

4. Paper 4: \_\_\_\_\_

Reason of Rechecking: \_\_\_\_\_

5. Paper 5: \_\_\_\_\_

Reason of Rechecking: \_\_\_\_\_

Dated: \_\_\_\_ / \_\_\_\_ /20\_\_ .

Signature of the Applicant \_\_\_\_\_

#### *(For Study Centre Use)*

#### **Signature and Seal of Centre Manager**

(Recommended & Forwarded to SUIT Liaison Office)

Dated: \_\_\_\_ / \_\_\_\_ /20\_\_ .

#### **Prescribed Fee:**

Rechecking Fee: **Rs.1000/- (For Each Paper)**

(The reply will be sent to the concern Centre within a period of one week after the receipt of application to the Exam Section)

#### **Important Note:**

- **Payment should be made through demand draft or pay order payable at Islamabad.**
- Students can apply within one week after the declaration of result.

**Controller of Examinations**  
**Sarhad University of Science & IT**  
**36-B, Chinar Road, University Road, Peshawar**  
**091-5846508-9, 5846516**

(For Office Use)

Amount Received: \_\_\_\_\_

Dated: \_\_\_\_ / \_\_\_\_ /20\_\_ .

**Signature and Seal of Accounts Officer SUIT:**

(Recommended & Forwarded to Controller of Examinations)